

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

<input type="checkbox"/> Fire Drill (5 required)(3 by 12/1)	<input type="checkbox"/>	Standard
<input type="checkbox"/> Tornado Drill (2 required)(1 in March)	<input checked="" type="checkbox"/>	Class Change
<input type="checkbox"/> Shelter in Place (1 required)	<input type="checkbox"/>	Recess
<input checked="" type="checkbox"/> Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)	<input type="checkbox"/>	Lunch
<input type="checkbox"/> Cardiac Drill (1 required)		

Name of Reporting School: MOR

Date of Drill: 4.17.18 Time Drill was held: 12:27 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 4:32.45

Total Participants: 475 Remarks: went great!

K/1 + 4/5 were outside.

This report is for Emergency Drill	Fire# _____	out of 5 for school year 20__/20__
	Tornado# _____	out of 2 for school year 20__/20__
	Shelter IP# _____	out of 1 for school year 20__/20__
	Lockdown# <u>2</u>	out of 2 for school year 20 <u>17</u> /20 <u>18</u>
	Cardiac# _____	out of 1 for school year 20__/20__

Name of person conducting drill: Blake Bowman

Title of person conducting drill: Principal

Signature of person conducting drill: Blake R. Bowman

Fire (fire chief or designee) present
Name and Title: _____

**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**